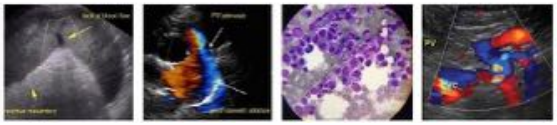


PATIENT

Cali Foster

SPECIES

Canine

BREED

Golden mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

81 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

12871

DATE

1/18/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting/diarrhea/weight loss/lethargy for 2 months. Treated for UTI 1 month ago (Clavaseptin and then Baytril due to persistent - pyuria/hematuria meds: Gabapentin, Cartrophen for DJD (previously Metacam too but d/c due to v/d)
Abnormal PE/Chem/CBC/UA Results: Last BW (Nov 21) nsf. Repeating today - no results at time of submission of form.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.31 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.78 cm at caudal pole) (2.51 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

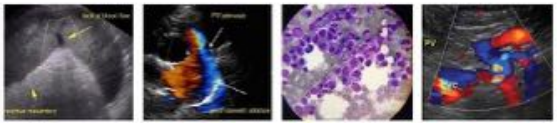
The right adrenal gland is enlarged (2.13 cm at cranial pole) (1.13 cm at caudal pole) (2.45 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A 3.57 cm aggregation of mineralized debris (vs



PATIENT

Cali Foster

SPECIES

Canine

BREED

Golden mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

81 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

12871

DATE

1/18/22

cholelith) is observed within the lumen along with a small amount of suspended echogenic debris. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Several bowel segments, which are thought to be colon, are moderately to severely fluid distended. The colonic wall is normal.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The mesentery in the mid-abdomen is mildly reactive. There is no obvious evidence of free fluid. A few prominent hypoechoic mid-abdominal lymph nodes are visualized, the largest measuring 2.40 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse bowel changes are most consistent with ileus with a lower possibility of obstruction.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- The urinary bladder wall changes are most consistent with cystitis.

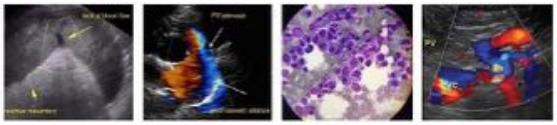
Secondary Findings:

- Age-related renal changes.
- Mild right adrenomegaly.
- Mineralized gallbladder sand vs cholelith.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, intestinal dysbiosis, infectious/parasitic disease), infiltrative neoplasia (less likely), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Cali Foster

SPECIES

Canine

BREED

Golden mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

81 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

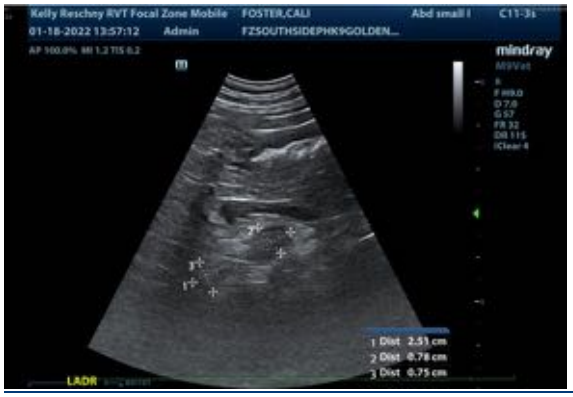
12871

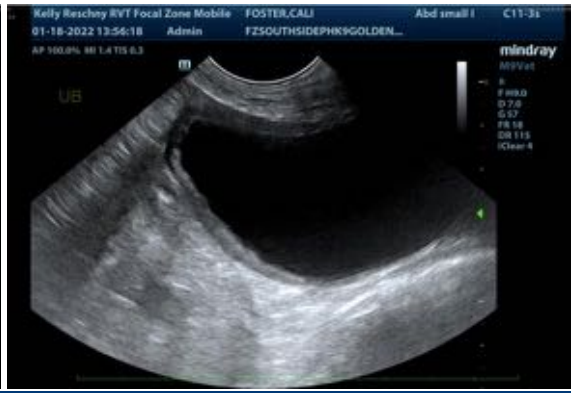
DATE

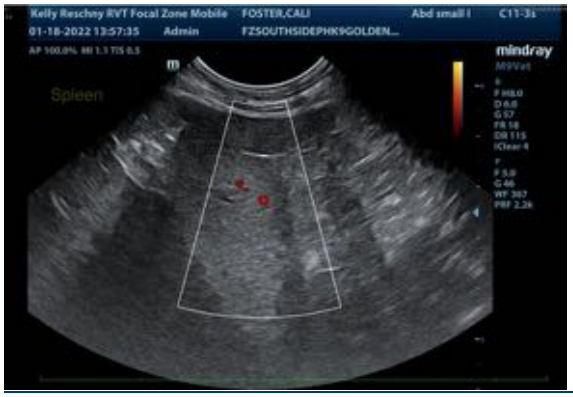
1/18/22

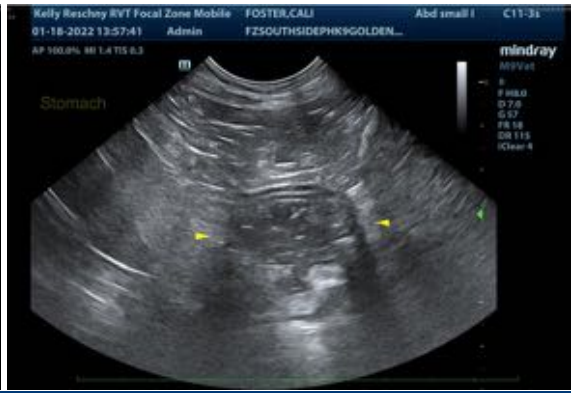
The following diagnostics/treatment recommendations can be considered:

1. Abdominal lymph node aspirate, if accessible.
2. Serum cobalamin, folate, PLI and TLI
3. A fecal evaluation for ova/Giardia and prophylactic deworming with Fenbendazole.
4. A 6-week limited antigen diet trial to assess for food allergies.
5. Consider a 4-week course of Tylosin as empirical treatment for small intestinal bacterial overgrowth.
6. A resting cortisol level to screen for hypoadrenocorticism. However, this differential is considered less likely in light of the right adrenomegaly.
7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
8. Three-view thoracic radiographs should be performed prior to any anesthetic event.

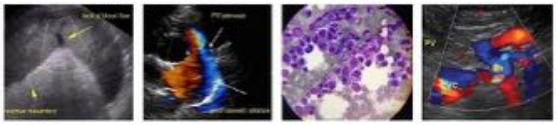








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Cali Foster

SPECIES

Canine

BREED

Golden mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

81 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

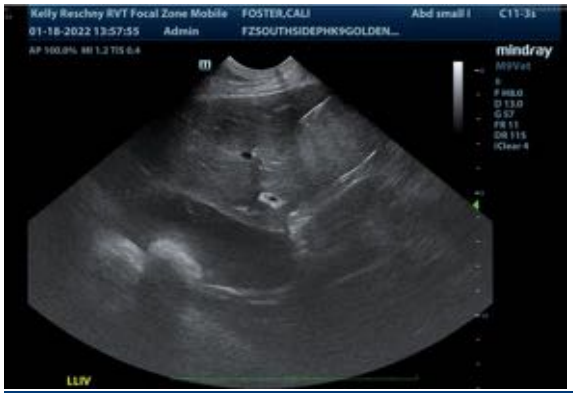
Dr. Velez

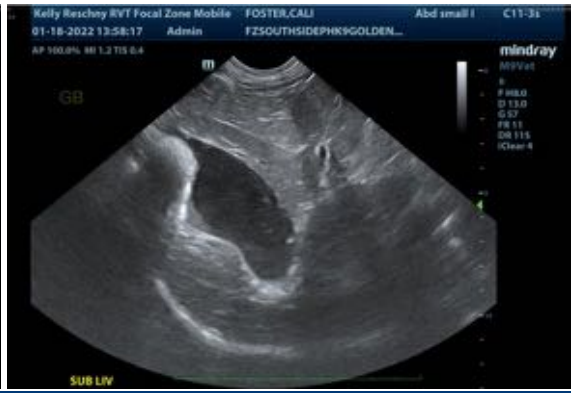
INVOICE

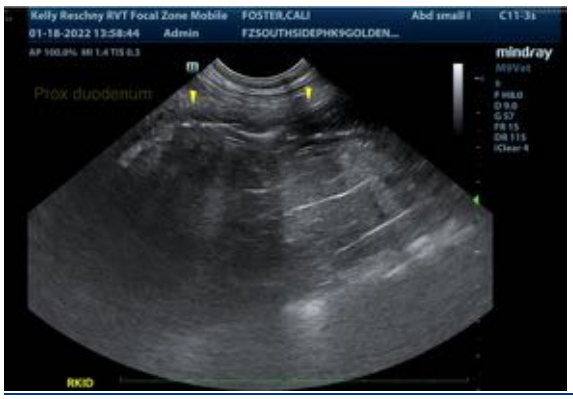
12871

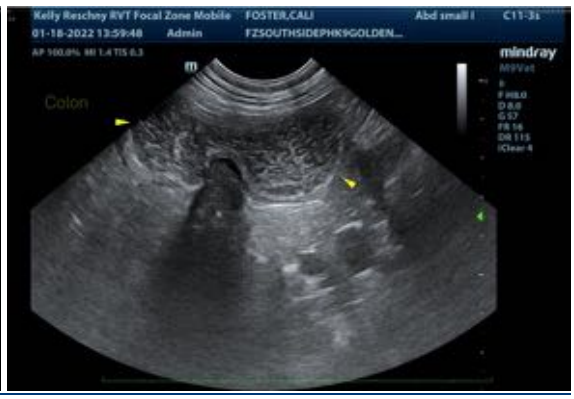
DATE

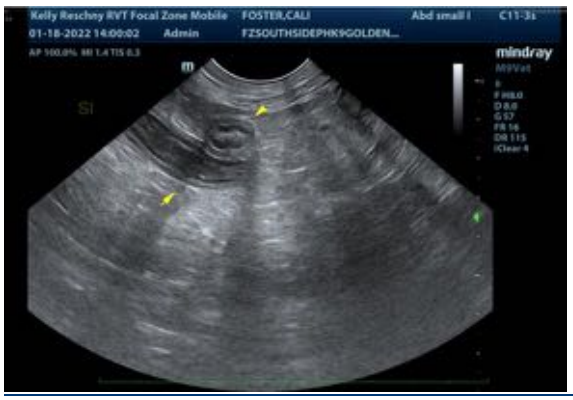
1/18/22

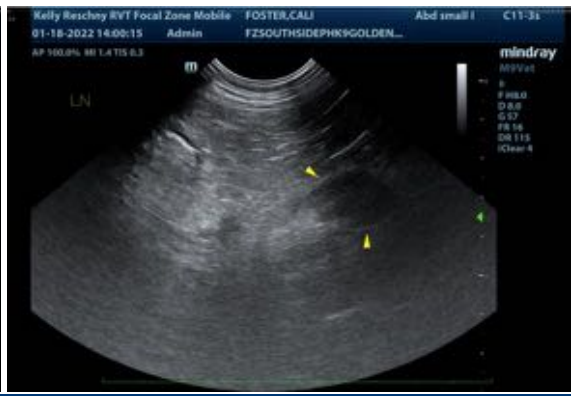


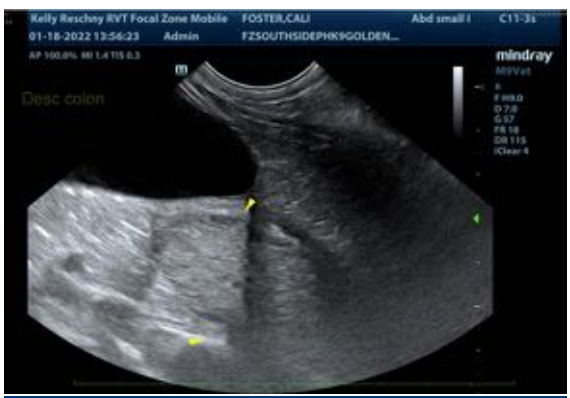




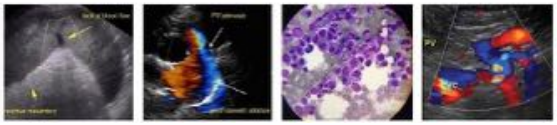








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Cali Foster

SPECIES

Canine

BREED

Golden mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

81 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

12871

DATE

1/18/22

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com